

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John W. Babich

Title: IMAGING AGENTS FOR
DIAGNOSIS OF PARKINSON'S
DISEASE

Appl. No.: 10/756,793

Filing Date: 1/13/2004

Examiner: CHANG, CELIA C

Art Unit: 1625

Confirmation Number:
1512

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

[X] Amendment (12 pgs.).

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For		Extra Claims Present		Rate	Additional Claims Fee
Total Claims:	10	-	20	=	0	x \$50.00	= \$0.00
Independent Claims:	2	-	3	=	0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00			\$0.00
				CLAIMS FEE TOTAL			\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		\$1,020.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$510.00
	Extension Fees Previously Paid:		\$0.00
	TOTAL FEE:		\$510.00

[X] The above-identified fees of \$510.00 are being paid by credit card via EFS-Web.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date May 24, 2017

By Lorna L. Tanner

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